

Tumors of the prostate MCQ Question Answer

Visit <https://competitive-exam.in> for more MCQ

Question: 1. What is false concerning Gleason scoring system for prostate cancers?

- Option A. ranges from 0 -10 based on a histologic evaluation of tumor specimens
- Option B. based on the 2 most common histologic patterns
- Option C. greatly relies on the skills and experience of the pathologist
- Option D. a score of 7 indicates a moderate-grade or moderately differentiated tumor

Question: 2. What is false concerning the interpretation of Gleason scoring system?

- Option A. a low score means the cancer tissue is similar to normal prostate tissue
- Option B. it indicates how likely the tumor will spread
- Option C. the more cellular atypia observed the higher scoring will be
- Option D. it relies only on the glandular architectural pattern

Question: 3. In descending order, to where do prostate cancers metastasize?

- Option A. lymph nodes, bone, lung, bladder, liver, and adrenal glands
- Option B. bone, lung, lymph nodes, liver, bladder, and adrenal glands
- Option C. lung, liver, lymph nodes, bone, adrenal glands, and bladder
- Option D. liver, lung, bone, lymph nodes, bladder, and adrenal glands

Question: 4. Following bilateral orchiectomy for prostate cancer, testosterone will:

- Option A. initially drop to nadir, and then recover over 2 weeks
- Option B. decline by 50% within 2 weeks and then normalize
- Option C. decline by 90% within 24 hours
- Option D. decline by 70%

Question: 5. Which PSA value interpretation is incorrect?

- Option A. > 50% of men with PSA > 10 ng/mL have the disease beyond the prostate
- Option B. pelvic lymph node involvement is found in PSA > 20 ng/mL
- Option C. 70% of men with a PSA between 4 and 10 ng/mL have organ-confined disease
- Option D. 80% of men with PSA < 4 ng/mL have organ-confined disease

Question: 6. What is the likelihood that patients with positive surgical margins after radical prostatectomy will be cured for prostate cancer?

- Option A. never
- Option B. unlikely
- Option C. likely
- Option D. always

Question: 7. What is the primary mechanism of prostate tissue ablation using high-intensity focused

ultrasound?

- Option A. disruption of protein synthesis
- Option B. coagulative necrosis
- Option C. cell wall destruction
- Option D. DNA damage

Question: 8. Concerning prostate cancers, a pre-treatment PSA velocity of > 2 ng/mL/yr is associated with an increased risk of:

- Option A. pathological bone fractures
- Option B. biochemical failure following radiation therapy
- Option C. hepato-renal disease following chemotherapy
- Option D. upgrading the pre-treatment risk stratification

Question: 9. What is true surrounding PSA?

- Option A. black individuals produce more PSA than whites
- Option B. ejaculation can lead to a false decrease in PSA
- Option C. pro-PSA is the serum proactive form of PSA molecule
- Option D. prostate cancer cells make more PSA than normal prostate tissues do

Question: 10. In which of the following cases PSA testing is NOT indicated:

- Option A. 72 yrs. man newly diagnosed BPH with normal DRE
- Option B. 2 weeks post TURP for obstructing cancerous prostate
- Option C. screening for prostate cancer in 75 yrs. old Caucasian man
- Option D. 43 yrs. man with obstructive LUTS, who had a first-degree relative diagnosed with prostate cancer before age 65

Question: 11. What is true regarding seminal vesicles' involvement in prostate cancer?

- Option A. is almost always due to direct extension (T2c)
- Option B. it is involved in 85% of positive surgical margins following radical prostatectomy
- Option C. it carries a poor prognosis
- Option D. none of the above

Question: 12. In which of the following PSA readings prostate cancer is least suspected?

- Option A. PSA velocity of 0.35 ng/mL/y, when the PSA is ≤ 2.5 ng/mL
- Option B. PSA velocity of 0.75 ng/mL/y, when the PSA is $4-10$ ng/mL
- Option C. t-PSA is 2.8 ng/mL, f-PSA 0.94 ng/mL
- Option D. t-PSA is 3.7 ng/mL, f-PSA 0.51 ng/mL

Question: 13. In which of the following situations prostate biopsy is most indicated?

- Option A. normal DRE, abnormal PSA
- Option B. abnormal DRE, abnormal PSA
- Option C. abnormal DRE, normal PSA
- Option D. hyperechoic areas on TRUS

Question: 14. Which of the following tests has the highest positive predictive value for prostate cancer?

- Option A. PSA
- Option B. digital rectal examination
- Option C. transrectal ultrasonography
- Option D. human kallikrein 2

Question: 15. What is the likelihood that prostate cells die in a single freeze cycle of cryotherapy when tissue temperature reaches colder than - 400 C?

- Option A. never
- Option B. unlikely
- Option C. likely
- Option D. always

Question: 16. Which factor(s) determine(s) the return to normal erectile function after radical retropubic prostatectomy?

- Option A. the age of the patient
- Option B. preoperative potency status
- Option C. extent of nerve-sparing surgery
- Option D. all of the above

Question: 17. Which factor is closely related to the return to urinary continence function after radical retropubic prostatectomy?

- Option A. pathologic tumor stage
- Option B. performing nerve-sparing surgery
- Option C. patient`s age
- Option D. performing internal sphincter micro-dissection

Question: 18. Fill the blanks: on treating prostate cancer patients, the median time from PSA failure to the development of metastatic disease after radical prostatectomy is approximately (...) yrs. and from the time of metastases to death is approximately (...) yrs..

- Option A. 4, 2 respectively
- Option B. 8, 5 respectively
- Option C. 6, 3 respectively
- Option D. 7, 4 respectively

Question: 19. What is true regarding prostatic tissue levels of hK2?

- Option A. intensely expressed in benign prostatic epithelium
- Option B. increased in poorly differentiated prostate cancer tissue
- Option C. helps differentiate benign from malignant causes of high t-PSA
- Option D. is an organ but not pathology specific marker

Question: 20. What advantage does laparoscopic/robotic prostatectomy has over open surgery in treating prostate cancers?

- Option A. preserving potency
- Option B. avoiding incontinence
- Option C. less bleeding
- Option D. all of the above

Question: 21. Regarding treating prostate cancer patients, watchful waiting is a reasonable option for:

- Option A. patients who have a life expectancy ≤ 10 yrs. and/or well to moderately differentiated cancer
- Option B. ≥ 70 yrs. of age
- Option C. PSA < 10 ng/mL, ratio < 0.22
- Option D. patients with good performance status

Question: 22. Prostate-specific membrane antigen has been detected in:

- Option A. the prostate gland only
- Option B. the central nervous system, intestine, and the prostate
- Option C. malignant ovarian cysts, skeletal muscles, and the prostate
- Option D. thyroid glands, adrenals, and the prostate

Question: 23. All of the following modalities are used as salvage therapies after failing radiation therapy for prostate cancer treatment, EXCEPT:

- Option A. cryotherapy
- Option B. chemotherapy
- Option C. brachytherapy
- Option D. radical prostatectomy

Question: 24. What pathologic findings after radical prostatectomy are predictive for occult metastases?

- Option A. seminal vesicle invasion and lymph node metastases
- Option B. positive surgical margins and seminal vesicle involvement
- Option C. capsular penetration and lymph node metastases
- Option D. rectal and bladder neck involvement

Question: 25. Ectopic expression of PSA occurs in all of the following, EXCEPT:

- Option A. thyroid gland
- Option B. breast tissue
- Option C. adrenal glands
- Option D. renal carcinomas

Question: 26. Regarding radical prostatectomy, the commonest site of positive surgical margins is the:

- Option A. apex
- Option B. posterior
- Option C. postero-lateral
- Option D. anterior

Question: 27. Genetically, increased risk of prostate cancer has been found in men with:

- Option A. variants in the 8q24 region on chromosome 8, in sporadic cases
- Option B. alterations on chromosome 1, chromosome 17, and the X chromosome, in some familial cases
- Option C. the human prostate cancer gene is on the X chromosome
- Option D. all are true

Question: 28. Regarding chemotherapy for prostate cancers, nonsteroidal antiandrogens will result in:

- Option A. elevated LH, elevated testosterone, elevated estrogen
- Option B. elevated LH, elevated testosterone, declined estrogen
- Option C. declined LH, declined testosterone, elevated estrogen
- Option D. declined LH, elevated testosterone, declined estrogen

Question: 29. What is false concerning the prostate cancer marker PCA3?

- Option A. entails a genetic analysis of cells in the voided urine
- Option B. urine sample is collected after a firm massage of the prostate
- Option C. helps screen patients who are at intermediate risk of cancer
- Option D. helps avoid the inconvenience of prostate biopsy

Question: 30. What are the possible complications of CO₂ pneumoperitoneum during laparoscopic/robotic prostatectomy?

- Option A. hypoxia and acidosis
- Option B. tachycardia and tachypnea
- Option C. bradycardia and hypotension
- Option D. hypercarbia and oliguria

Answer Sheet

1	A	it ranges from 2-10, as the lowest score given to a section of two is 1.
2	C	Gleason system relies only on glandular architecture, not cellular atypia.
3	A	the correct sequence is lymph nodes, bone, lung, bladder, liver, and adrenal glands.
4	C	self-explanatory.
5	B	pelvic lymph node involvement is found in nearly 20% of men with PSA > 20 ng/mL.
6	C	most patients with positive surgical margins are cured by radical prostatectomy.
7	B	HIFU results in mechanical and thermal effects on tissues leading to coagulative necrosis.

8	B	self-explanatory.
9	A	self-explanatory.
10	C	the ACP advises against screening for prostate cancer for men over 69.
11	C	self-explanatory.
12	C	PSA ratio, in this case, is 33% which is on the benign side.
13	B	the possibility of cancer detection is highest when PSA and DRE are abnormal.
14	A	among the listed choices, PSA is the highest.
15	D	to achieve complete cell death, temperatures lower than - 40° C are required.
16	D	self-explanatory.
17	C	self-explanatory.
18	B	thus there is a total of 13 years beginning from the onset of detectable PSA to death due to prostate cancer.
19	B	self-explanatory.
20	C	the tamponade effect from the pneumoperitoneum helps diminish blood loss during laparoscopic/robotic prostatectomy.
21	A	self-explanatory.
22	B	self-explanatory.
23	B	self-explanatory.
24	A	the finding of seminal vesicle invasion and lymph node metastases are associated with a high risk of distant disease.
25	A	self-explanatory.
26	A	the apex, followed by the posterior and the postero-lateral prostate.
27	D	self-explanatory.
28	A	nonsteroidal antiandrogens block androgen receptors, including those in the hypothalamic-pituitary axis.
29	C	PCA3 is not for screening.
30	D	hypercarbia and oliguria are possible complications of insufflation with CO2 and pneumoperitoneum.